

**TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT**

TO: Mayor and Councilmembers

FROM/PHONE: Herb Hyman/1016

PREPARED BY: Herb Hyman

SUBJECT: Resolution

AFFECTED DISTRICT: n/a

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: SELECTION OF FIRM - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC. TO PROVIDE PURCHASE ASSISTANCE SERVICES FOR THE NEIGHBORHOOD STABILIZATION PROGRAM AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

REPORT IN BRIEF: The Town solicited competitive sealed proposals to provide administrative services for the Neighborhood Stabilization Program. RFP documents were sent to twenty-one (21) prospective respondents. Additionally, the solicitation was advertised statewide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's website. The Town received one (1) response. All proposals are available for viewing in the Purchasing Division. Although we only received one response for the uniquely specialized service, the Housing and Community Development department is familiar with this firm and is satisfied with the quality of their work. Upon approval of this resolution, the negotiation team will begin negotiating a contract with the selected firm and present that agreement for approval at a future meeting date.

PREVIOUS ACTIONS: n/a

CONCURRENCES: The selection committee scored Community Redevelopment Associates of Florida, Inc. as the highest scoring firm.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: To be negotiated with the selected firm

Account name and number: Housing and Community Development

RECOMMENDATION(S): Motion to approve resolution

Attachment(s): Procurement Authorization, Selection Committee Ranking Sheet,
Incorporation Information

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC. TO PROVIDE PURCHASE ASSISTANCE SERVICES FOR THE NEIGHBORHOOD STABILIZATION PROGRAM AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to provide purchase assistance services for the Neighborhood Stabilization Program; and

WHEREAS, the selection committee has selected Community Redevelopment Associates of Florida, Inc. as the firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of Community Redevelopment Associates of Florida, Inc. as the firm best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____,
2009

MAYOR/COUNCILMEMB
ER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2009

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

<u>ACCOUNT NUMBER</u>	<u>BUDGET ITEM & DESCRIPTION</u>	<u>APPROXIMATE COST</u>
	Request for Qualifications NSP Single-family Purchase Assistance Program	

METHOD OF PROCUREMENT (check the one that applies)

☐ Open Competitive Bidding
☐ Piggyback on Contract Number
☐ Sole Source
☒ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed [Signature]
Department Head:

Have Funds been Reserved N/A - NO ACCOUNT OR AMOUNT LISTED

Date 3/19/09 Signed [Signature]



Signed [Signature]
Town Administrator

<u>BIDS SUBMITTED</u>	<u>COST</u>
<u>VENDOR</u>	
<u>COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC.</u>	<u>RANKED 1ST</u>

Signed [Signature]
Procurement Manager

<u>BID SPECIFICATION COMMITTEE'S RECOMMENDATION</u>	
<u>Vendor</u>	<u>Cost</u>
<u>COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC.</u>	<u>RANKED 1ST</u>

	A	B	C	D	E	F	G
1							
2							
3							
4							
5							
6	COMMITTEE MEMBER	CRA					
7		OF FL					
8							
9	W. ACKERMAN	ABSENT					
10	R. MUNIZ	100					
11	M. DIEZ	85					
12	L. NGUYEN	88					
13	B. HITCHCOCK	95					
14	G. MOSS	100					
15	H. HYMAN	100					
16							
17	TOTAL	568					
18							
19	RANKING	1st					
20							

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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Previous on List		Next on List		Return To List	
No Events		No Name History		Entity Name	
Detail by Entity Name					
<u>Florida Profit Corporation</u>					
COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC.					
<u>Filing Information</u>					
Document Number L66074					
FEI/EIN Number 650216617					
Date Filed 04/18/1990					
State FL					
Status ACTIVE					
<u>Principal Address</u>					
8569 PINES BLVD. #201 HOLLYWOOD FL 33024					
Changed 04/23/2008					
<u>Mailing Address</u>					
8569 PINES BLVD. #201 HOLLYWOOD FL 33024					
Changed 04/23/2008					
<u>Registered Agent Name & Address</u>					
LARSEN, MARTIN R 8569 PINES BLVD. SUITE 201 HOLLYWOOD FL 33024 US					
Name Changed: 02/10/2003					
Address Changed: 04/23/2008					
<u>Officer/Director Detail</u>					
<u>Name & Address</u>					
Title CPD					
LARSEN, MARTIN R 304 SW 85 TERRACE #310					

PEMBROKE PINES FL 33025

Title VD

AZEBOEKHAI, ANDREW
7630 NW 11 PLACE
PLANTATION FL 33322

Title VSTD

JOHNSON, EARLY
4429 NW 41 ST. PLACE
COCONUT CREEK FL 33073

Annual Reports

Report Year Filed Date

2007	01/22/2007
2008	04/23/2008
2009	01/29/2009

Document Images

01/29/2009 -- ANNUAL REPORT	View image in PDF format
04/23/2008 -- ANNUAL REPORT	View image in PDF format
01/22/2007 -- ANNUAL REPORT	View image in PDF format
04/12/2006 -- ANNUAL REPORT	View image in PDF format
01/24/2005 -- ANNUAL REPORT	View image in PDF format
02/20/2004 -- ANNUAL REPORT	View image in PDF format
02/10/2003 -- ANNUAL REPORT	View image in PDF format
01/16/2002 -- ANNUAL REPORT	View image in PDF format
05/28/2001 -- ANNUAL REPORT	View image in PDF format
02/01/2000 -- ANNUAL REPORT	View image in PDF format
07/07/1999 -- ANNUAL REPORT	View image in PDF format
03/25/1998 -- ANNUAL REPORT	View image in PDF format
04/29/1997 -- ANNUAL REPORT	View image in PDF format
05/09/1996 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.[Previous on List](#)[Next on List](#)[Return To List](#)

Entity Name

No Events

No Name History

Status

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Copyright © 2007 State of Florida, Department of State.

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Community Redevelopment Associates of Florida, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 8569 Pines Boulevard, Suite 201	Requester's name and address (optional)
City, state, and ZIP code Pembroke Pines, FL 33024	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number 65 0216617

Part II Certification

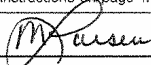
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶



Date ▶ **5/20/09**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

I, Martin Larsen, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: CRA of Florida, Inc.
Address: 8569 Pines Boulevard, Suite 201
Pembroke Pines, FL 33024
FEIN 650216617
State and date of incorporation Florida - 4/18/1990

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
Martin Larsen	8569 Pines Blvd. Suite 201, Pembroke Pines, FL 33024	45 %
Early Johnson	8569 Pines Blvd. Suite 201, Pembroke Pines, FL 33024	45 %
Andrew Azebeokhai	8569 Pines Blvd. Suite 201, Pembroke Pines, FL 33024	10 %
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address

Signature of Grant

M. Larsen

MARTIN LARSEN

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 20 day of
May 2009, by MARTIN LARSEN, he/she is
~~personally known to me~~ or has presented _____ as
identification.

Deaverlyn M. Brown

Notary Public, State of Florida at Large

DEAVERLYN M. BROWN

Print or Stamp of Notary

Serial Number



DEAVERLYN M. BROWN
MY COMMISSION # DD 787797
EXPIRES: July 19, 2012
Bonded Thru Budget Notary Services

My Commission Expires : _____